FRAMEWORK FOR ANNUAL REPORT
OF STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

Preamble

Section 2108(a) of the Act provides that the State must assess the operation of the State child health plan in each fiscal year, and report to the Secretary, by January 1 following the end of the fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children.

To assist states in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with states to develop a framework for the Title XXI annual reports.

The framework is designed to:

- Recognize the ***diversity*** of State approaches to SCHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their SCHIP programs, **AND**

- Provide ***consistency*** across States in the structure, content, and format of the report, **AND**

- Build on data ***already collected*** by HCFA quarterly enrollment and expenditure reports, **AND**

- Enhance ***accessibility*** of information to stakeholders on the achievements under Title XXI.

FRAMEWORK FOR ANNUAL REPORT
OF STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

State/Territory: Missouri
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

_____
(Signature of Agency Head)

SCHIP Program Name (s) MC+ for Kids

SCHIP Program Type X Medicaid SCHIP Expansion Only
____ Separate SCHIP Program Only
____ Combination of the above

Reporting Period **Federal Fiscal Year 2000 (10/1/99-9/30/00)**

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Submission Date 12/29/00

SECTION 1. DESCRIPTION OF PROGRAM CHANGES AND PROGRESS

This sections has been designed to allow you to report on your SCHIP program=s changes and progress during Federal fiscal year 2000 (September 30, 1999 to October 1, 2000).

1.1 Please explain changes your State has made in your SCHIP program since September 30, 1999 in the following areas and explain the reason(s) the changes were implemented.

Note: If no new policies or procedures have been implemented since September 30, 1999, please enter >NC= for no change. If you explored the possibility of changing/implementing a new or different policy or procedure but did not, please explain the reason(s) for that decision as well.

1. Program eligibility

   RESPONSE:

   NC

2. Enrollment process

   RESPONSE:

   NC

3. Presumptive eligibility

   RESPONSE:

   NC

4. Continuous eligibility

   RESPONSE:

   NC

5. Outreach/marketing campaigns

   RESPONSE:

   The State's most recent outreach and marketing activities are included in Attachment 1.1.5.

6. Eligibility determination process

   RESPONSE:

   NC

7. Eligibility redetermination process

   RESPONSE:

   NC

8. Benefit structure

   RESPONSE:

   NC

9. Cost-sharing policies

   RESPONSE:

   NC

10. Crowd-out policies

    RESPONSE:

NC

11. Delivery system

    RESPONSE:

    NC

12. Coordination with other programs (especially private insurance and Medicaid)

    RESPONSE:

    NC

13. Screen and enroll process

    RESPONSE:

    NC

14. Application

    RESPONSE:

    NC

15. Other

    RESPONSE:

    None

1.2 Please report how much progress has been made during FFY 2000 in reducing the number of uncovered, low-income children.

1. Please report the changes that have occurred to the number or rate of uninsured, low-income children in your State during FFY 2000. Describe the data source and method used to derive this information.

   RESPONSE:

   According to an article in USA Today, Missouri's uninsured children has decreased from 12.6% in 1997 to 10.5% in 1998. (See Attachment 1.2.1) The State awaits the issuance of 2000 CPS numbers of uninsured children for more comparable numbers to measure progress.

2. How many children have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information.

   RESPONSE:

   As of October 2000 the total number of children enrolled in Title XIX Medicaid has increased by 36,124 since July 1998. This information is obtained from data reports ran from the State's eligibility system. (See Attachment 1.2.2)

3. Please present any other evidence of progress toward reducing the number of uninsured, low-income children in your State.

   RESPONSE:

   Please see Attachment 1.2.1. The article indicates national average of uninsured to be at 16.3% in 1998. Missouri has dropped from 12.6% uninsured in 1997 to 10.5% of uninsured in 1998 which is substantially lower than the national average.

4. Has your State changed its baseline of uncovered, low-income children from the number reported in your March 2000 Evaluation?

   _X_ No, skip to 1.3

   ____ Yes, what is the new baseline?

   What are the data source(s) and methodology used to make this estimate?

What was the justification for adopting a different methodology?

What is the State=s assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Please provide a numerical range or confidence intervals if available.)

Had your State not changed its baseline, how much progress would have been made in reducing the number of low-income, uninsured children?

1.3 Complete Table 1.3 to show what progress has been made during FFY 2000 toward achieving your State=s strategic objectives and performance goals (as specified in your State Plan).

In Table 1.3, summarize your State=s strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. Be as specific and detailed as possible. Use additional pages as necessary. The table should be completed as follows:

Column 1:	List your State=s strategic objectives for your SCHIP program, as specified in your State Plan.
Column 2:	List the performance goals for each strategic objective.
Column 3:	For each performance goal, indicate how performance is being measured, and progress towards meeting the goal. Specify data sources, methodology, and specific measurement approaches (e.g., numerator, denominator). Please attach additional narrative if necessary.

Note: *If no new data are available or no new studies have been conducted since what was reported in the March 2000 Evaluation, please complete columns 1 and 2 and enter ANC@ (for no change) in column 3.*

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
OBJECTIVES RELATED TO REDUCING THE NUMBER OF UNINSURED CHILDREN		
Increase the percent of Missourians with Health insurance.	An additional 70,000 children receiving health care services by the year 2000.	Data Sources: *Current Population Survey* Methodology: *1996 data adjusted to updated 1996 population estimates for Missouri by age was used for the baseline.* Progress Summary: *The number of uninsured children was reduced by 54 % through the enrollment of 68,425 SCHIP children and 36,124 Title XIX children.*
OBJECTIVES RELATED TO SCHIP ENROLLMENT		
Increase the percent of Missourians with Health insurance.		Data Sources: *Internal eligibility data based on Medicaid eligibility (ME) codes.* Methodology: *Number of enrolled children as reported by the system in October 2000.* Progress Summary: *As of October 2000, SCHIP (Title XXI) children enrollment was 68,245, up from 49,529 as of September 30, 1999.*

Table 1.3		
OBJECTIVES RELATED TO INCREASING MEDICAID ENROLLMENT		
Increase the percent of Missourians with Health insurance.		Data Sources: *Internal eligibility data based on Medicaid eligibility (ME) codes.* Methodology: *Number of enrolled children as reported by the system in October 2000.* Progress Summary: *As of October 2000, Title XIX Medicaid children enrollment increased by 36,124, up from 19,081 as of September 30, 1999.*
OBJECTIVES RELATED TO INCREASING ACCESS TO CARE (USUAL SOURCE OF CARE, UNMET NEED)		
		Data Sources: Methodology: Progress Summary: T*his objective is not included in the department of Social Services Strategic Plan.*
OBJECTIVES RELATED TO USE OF PREVENTIVE CARE (IMMUNIZATIONS, WELL-CHILD CARE)		

Table 1.3		
		Data Sources: Methodology: Progress Summary: *This objective is not included in the department of Social Services Strategic Plan.*
OTHER OBJECTIVES		
Maximize cost avoidance in delivering health care services.	Number of MC+ recipients	Data Sources: *Internal eligibility data based on Medicaid eligibility (ME) codes.* Methodology: *Number of enrolled children as reported by the system in October 2000.* Progress Summary: *As of October 2000, SCHIP (Title XXI) enrollment was 68,425, up from 49,529 as of September 30, 1999, and Title XIX enrollment was 36,124 children up from 19,081 as of September 30, 1999.*

1.4 If any performance goals have not been met, indicate the barriers or constraints to meeting them.

RESPONSE:

The State of Missouri has made significant strides towards meeting its objectives. The major barrier remaining is the large amount of federal requirements and reporting.

1.5 Discuss your State=s progress in addressing any specific issues that your state agreed to assess in your State plan that are not included as strategic objectives.

RESPONSE:

NA

1.6 Discuss future performance measurement activities, including a projection of when additional data are likely to be available.

RESPONSE:

The State will have better numbers for measuring its progress when new CPS information is released on the uninsured.

1.7 Please attach any studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program=s performance. Please list attachments here.

RESPONSE:

An evaluation of the Medicaid Section 1115 waiver by Behavioral Health Concepts, Inc. is included in Attachment 1.7a. Also included in Attachment 1.7b is an article titled "All Over the Map" report by the Health Division of the Children's Defense Fund.

SECTION 2. AREAS OF SPECIAL INTEREST

This section has been designed to allow you to address topics of current interest to stakeholders, including; states, federal officials, and child advocates.

2.1 Family coverage:

A. If your State offers family coverage, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other program(s). Include in the narrative information about eligibility, enrollment and redetermination, cost sharing and crowd-out.

RESPONSE:

NA

2. How many children and adults were ever enrolled in your SCHIP family coverage program during FFY 2000 (10/1/99 -9/30/00)?

Number of adults_____
Number of children_____

RESPONSE:

NA

3. How do you monitor cost-effectiveness of family coverage?

RESPONSE:

NA

2.2 Employer-sponsored insurance buy-in:

1. If your State has a buy-in program, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other SCHIP program(s).

RESPONSE:

NA

2. How many children and adults were ever enrolled in your SCHIP ESI buy-in program during FFY 2000?

   Number of adults_____
   Number of children_____

   RESPONSE:

   NA

2.3 Crowd-out:

1. How do you define crowd-out in your SCHIP program?

   RESPONSE:

   Crowd-out is defined as children who drops from private insurance with the specific intent of joining government funded insurance.

2. How do you monitor and measure whether crowd-out is occurring?

   RESPONSE:

   The Missouri Department of Social Services employed an independent contractor to conduct an evaluation of Missouri's 1115 waiver, including MC+ for Kids. As part of the evaluation crowd-out was an issue addressed. The evaluation confirmed that crowd-out was not a problem..

   The report stated "Based upon current data from mailed surveys and from telephone surveys, it is estimated that the rate of crowd-out is between 1.6 to 3.2% of the population of MC+ expansion members." (See Attachment 1.7a)

3. What have been the results of your analyses? Please summarize and attach any available reports or other documentation.

   RESPONSE:

See Behavioral Health concepts evaluation, Attachment 1.7a..

4. Which anti-crowd-out policies have been most effective in discouraging the substitution of public coverage for private coverage in your SCHIP program? Describe the data source and method used to derive this information.

RESPONSE:

The State feels the protections built into the eligibility requirements are effective in discouraging crowd-out. Although crowd-out was a major concern during the planning and early implementation stages of the MC+ expansion program, there is little indication that crowd-out has become a significant problem. Most key informants feel that the protections built into the eligibility requirements for MC+ expansion have been successful in controlling the potential for crowd-out. Based upon current data from mailed surveys and from telephone surveys, it is estimated that the rate of crowd-out is between 1.6 to 3.2% of the population of MC+ expansion numbers.

2.4 Outreach:

A. What activities have you found most effective in reaching low-income, uninsured children? How have you measured effectiveness?

RESPONSE:

Grass roots outreach activities done through the schools continue to be the way most individuals are hearing about MC+ for Kids. (See Attachment 2.4.2)

2. Have any of the outreach activities been more successful in reaching certain populations (e.g., minorities, immigrants, and children living in rural areas)? How have you measured effectiveness?

RESPONSE:

Outreach is not measured separately by population groups.

3. Which methods best reached which populations? How have you measured effectiveness?

RESPONSE:

Outreach is not measured separately by population groups.

2.5 Retention:

1. What steps are your State taking to ensure that eligible children stay enrolled in Medicaid and SCHIP?

   RESPONSE:

   Outreach activities are done continuously.

2. What special measures are being taken to reenroll children in SCHIP who disenroll, but are still eligible?

___ Follow-up by caseworkers/outreach workers
_X_ Renewal reminder notices to all families
___ Targeted mailing to selected populations, specify population _____
_X_ Information campaigns
___ Simplification of re-enrollment process, please describe _____
___ Surveys or focus groups with disenrollees to learn more about reasons for disenrollment, please describe_____
___ Other, please explain_____

3. Are the same measures being used in Medicaid as well? If not, please describe the differences.

   RESPONSE:

   Yes

4. Which measures have you found to be most effective at ensuring that eligible children stay enrolled?

   RESPONSE:

   The State reviews eligibility annually and when families present due to changes in income or family size. Renewal applications are sent to families as a reminder. (See Attachment 2.5.4)

5. What do you know about insurance coverage of those who disenroll or do not reenroll in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured?) Describe the data source and method used to derive this information.

RESPONSE:

An internal study showed that 37% of those who left MC+ for Kids did so because of obtaining other health insurance, 30% had excess family income, 10% of the children aged out of the program, 1% moved to another state, 7% felt the copay and premium requirements were too high, and the remainder left for other reasons.

2.6 Coordination between SCHIP and Medicaid:

1. Do you use common application and redetermination procedures (e.g., the same verification and interview requirements) for Medicaid and SCHIP? Please explain.

RESPONSE:

Yes - One application and redetermination are used for both Title XIX and Tile XXI. There are some differences in the initial application form and renewal form. (See Attachments 2.4.5 renewal and 2.6.1 initial)

2. Explain how children are transferred between Medicaid and SCHIP when a child=s eligibility status changes.

RESPONSE:

Missouri's SCHIP program is done under a Medicaid expansion. Transfer between Title XIX and Title XXI are mostly invisible to the family. Eligibility is changed in the Division of Family Services' Income Maintenance system by caseworkers upon review of the family's current income and family size.

If income increases or decreases above the Medicaid or SCHIP levels, the caseworker adjusts eligibility accordingly. The eligibility system will not allow an individual with income below the Medicaid limit to be approved for SCHIP or an individual with income above the Medicaid limit to be approved for Medicaid.

3. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain.

RESPONSE:

Yes

2.7 Cost Sharing:

1. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found?

RESPONSE:

The internal study cited in Question 2.5.5 found that about 7% of those paying premiums and copayments felt the premium and copayment requirements were too high.

2. Has your State undertaken any assessment of the effects of cost-sharing on utilization of health service under SCHIP? If so, what have you found?

RESPONSE:

An evaluation done by Behavioral Health Concepts found that cost requirements did not contribute to an overall negative impact on health status or access to medical services. (See Attachment 1.7a)

2.8 Assessment and Monitoring of Quality of Care:

1. What information is currently available on the quality of care received by SCHIP enrollees? Please summarize results.

RESPONSE:

Consumers are asked about the quality of care received in annual consumer satisfaction surveys. (See Attachment 2.8, Question #30)

2. What processes are you using to monitor and assess quality of care received by SCHIP enrollees, particularly with respect to well-baby care, well-child care, immunizations, mental health, substance abuse counseling and treatment and dental and vision care?

RESPONSE:

Internal annual reviews are done on the health plans. External quality reviews are done by an independent contractor on the health plans. Consumers are also surveyed annually.

3. What plans does your SCHIP program have for future monitoring/assessment of quality of care received by SCHIP enrollees? When will data be available?

RESPONSE:

The State plans to continue annual consumer surveys and annual evaluations of the State's 1115 Waiver coverage which includes SCHIP. The Consumer Satisfaction Survey results become available in the Fall of each year. The annual evaluation of the 1115 Waiver becomes available in the Spring of each year.

SECTION 3. SUCCESSES AND BARRIERS

This section has been designed to allow you to report on successes in program design, planning, and implementation of your State plan, to identify barriers to program development and implementation, and to describe your approach to overcoming these barriers.

3.1 Please highlight successes and barriers you encountered during FFY 2000 in the following areas. Please report the approaches used to overcome barriers. Be as detailed and specific as possible.

Note: If there is nothing to highlight as a success or barrier, Please enter "NA" for not applicable.

1. Eligibility

   RESPONSE:

   NA

2. Outreach

   RESPONSE:

   NA

3. Enrollment

   RESPONSE:

   NA

4. Retention/disenrollment

   RESPONSE:

   NA

5. Benefit structure

   RESPONSE:

NA

6. Cost-sharing

RESPONSE:

NA

7. Delivery systems

RESPONSE:

The State has undertaken the following strategy or policy changes to address the shortage of dentists serving the Medicaid population:

1) recruitment directed at all Missouri licensed dentists
2) educational seminars for dentists and their staff
3) acceptance of the 2000 American Dental Association form
4) streamlined filing by eliminating place of service and diagnosis codes
5) increased reimbursement in each of the past three years
6) removed prior authorization requirement on dentures and added coverage of replacement dentures
7) created a billing code that pays $0 but allows dentists to report broken appointments. Recipients are then polled to determine why they missed appointments, educated on keeping or canceling appointments, and counseled on the availability on non-emergent medical transportation.

8. Coordination with other programs

RESPONSE:

NA

9. Crowd-out

RESPONSE:

NA

10. Other

RESPONSE:

The major barrier remaining is the large amount of federal requirements and reporting.

SECTION 4. PROGRAM FINANCING

This section has been designed to collect program costs and anticipated expenditures.

4.1 Please complete Table 4.1 to provide your budget for FFY 2000, your current fiscal year budget, and FFY 2002 projected budget. Please describe in narrative any details of your planned use of funds.

Note: Federal Fiscal Year 2000 starts 10/1/99 and ends 9/30/00).

	Federal Fiscal Year 2000 costs	Federal Fiscal Year 2001	Federal Fiscal Year 2002
Benefit Costs			
Insurance payments			
Managed care	$23,779,127	$41,227,018	$49,058,970
per member/per month rate X # of eligibles			
Fee for Service	$31,491,194	$54,597,800	$64,969,818
Total Benefit Costs	$55,270,321	$95,824,818	$114,028,788
(Offsetting beneficiary cost sharing payments)	$743,855	$1,289,657	$1,534,655
Net Benefit Costs	$54,526,466	$94,535,161	$112,494,133
Administration Costs			
Personnel			
General administration			
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/marketing costs			
Other			
Total Administration Costs	$1,668,654	$1,573,000	$1,605,000
10% Administrative Cost Ceiling	$5,797,900		
Federal Share (multiplied by enhanced FMAP rate)	72.36%	72.72%	72.74%
State Share	$15,532,331*	$26,218,306	$31,103,424
	$56,195,120*	$96,108,161	$114,099,133

* Assumes Net Benefit Costs plus Total Administration Costs equals Total Program Costs.

4.2 Please identify the total State expenditures for family coverage during Federal fiscal year 2000.

RESPONSE:

NA

4.3 What were the non-Federal sources of funds spent on your CHIP program during FFY 2000?

_____State appropriations
_____County/local funds
_____Employer contributions
__X__Foundation grants - RWJ Grant
_____Private donations (such as United Way, sponsorship)
_____Other (specify) _____

A. Do you anticipate any changes in the sources of the non-Federal share of plan expenditures.

RESPONSE:

The State anticipates no changes in non-federal sources.

SECTION 5: SCHIP PROGRAM AT-A-GLANCE

This section has been designed to give the reader of your annual report some context and a quick glimpse of your SCHIP program.

5.1 To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. If you do not have a particular policy in-place and would like to comment why, please do. (Please report on initial application process/rules)

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Program Name	MC+ for Kids	
Provides presumptive eligibility for children	__X__ No _____ Yes, for whom and how long?	_____ No _____ Yes, for whom and how long?
Provides retroactive eligibility	__X__ No _____ Yes, for whom and how long?	_____ No _____ Yes, for whom and how long?
Makes eligibility determination	__X__ State Medicaid eligibility staff _____ Contractor _____ Community-based organizations _____ Insurance agents _____ MCO staff _____ Other *(specify)* _____	_____ State Medicaid eligibility staff _____ Contractor _____ Community-based organizations _____ Insurance agents _____ MCO staff _____ Other *(specify)* _____
Average length of stay on program	Specify months *10.4 - consecutive months* ***Based on active recipients enrolled on 11/30/00 that have been continuously enrolled in SCHIP.***	Specify months _____
Has joint application for Medicaid and SCHIP	_____ No __X__ Yes	_____ No _____ Yes

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Has a mail-in application	**_____No** **__X__Yes**	**_____No** **_____Yes**
Can apply for program over phone	**__X__No** ***May ask questions, request application, but can't apply over the phone.*** **_____Yes**	**_____No** **_____Yes**
Can apply for program over internet	**__X__No** ***The application can be downloaded, but cannot be submitted via Internet.*** **_____Yes**	**_____No** **_____Yes**
Requires face-to-face interview during initial application	**__X__No** **_____Yes**	**_____No** **_____Yes**
Requires child to be uninsured for a minimum amount of time prior to enrollment	**_____No** **__X__Yes, specify number of months ___*6*_____** **What exemptions do you provide?** ***a) A parent's or guardian's loss of employment due to factors other than voluntary termination;*** ***b) A parent's or guardian's employment with a new employer that does not provide an option for dependent coverage;*** ***c) Expiration of a parent's or guardian's dependent Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage period;*** ***d) Lapse of a child's (children's) health insurance when maintained by an individual other then the custodial parent of guardian; or*** ***e) Lapse of a child's (children's) health insurance when the lifetime maximum benefits under their private health insurance have been exhausted.***	**_____No** **_____Yes, specify number of months _____** **What exemptions do you provide?**

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Provides period of continuous coverage <u>regardless of income changes</u>	**__X__ No** **_____ Yes, specify number of months _____ Explain circumstances when a child would lose eligibility during the time period**	**_____No** **_____Yes, specify number of months _____ Explain circumstances when a child would lose eligibility during the time period**
Imposes premiums or enrollment fees	**_____No** **__X___Yes, how much? *<u>$68/family/month premiums on those families with available income above 225% and below 300% percent FPL</u>*** **Who Can Pay?** **___ Employer** **_X_ Family** **_X_ Absent parent** **___ Private donations/sponsorship** **___ Other (specify) _____**	**_____No** **_____Yes, how much? _____** **Who Can Pay?** **___ Employer** **___ Family** **___ Absent parent** **___ Private donations/sponsorship** **___ Other (specify) _____**
Imposes copayments or coinsurance	**_____No** **__X___Yes**	**_____No** **_____Yes**
Provides preprinted redetermination process	**__X___No** **_____Yes, we send out form to family with their information precompleted and:** **___ ask for a signed confirmation that information is still correct** **___ do not request response unless income or other circumstances have changed**	**_____ No** **_____ Yes, we send out form to family with their information and:** **___ ask for a signed confirmation that information is still correct** **___ do not request response unless income or other circumstances have changed**

5.2 Please explain how the redetermination process differs from the initial application process.

RESPONSE:

Our redetermination process is the same as our initial determination process with the exception of requesting reverification of information that cannot change, such as social security number, date of birth, etc.

SECTION 6: INCOME ELIGIBILITY

This section is designed to capture income eligibility information for your SCHIP program.

6.1 As of September 30, 2000, what was the income standard or threshold, as a percentage of the Federal poverty level, for countable income for each group? If the threshold varies by the child=s age (or date of birth), then report each threshold for each age group separately. Please report the threshold after application of income disregards.

Title XIX Child Poverty-related Groups or Section 1931-whichever category is higher	0 - 185% of FPL for children under age 1
	0 - 133% of FPL for children aged 1 - 5
	0 - 100% of FPL for children aged 6 - 18
Medicaid SCHIP Expansion	186 - 300% of FPL for children aged under age 1
	134 - 300% of FPL for children aged 1 - 5
	101 - 300% of FPL for children aged 6 - 18
State-Designed SCHIP Program	- % of FPL for children aged -
	- % of FPL for children aged -
	- % of FPL for children aged -

6.2 As of September 30, 2000, what types and *amounts* of disregards and deductions does each program use to arrive at total countable income? *Please indicate the amount of disregard or deduction used when determining eligibility for each program. If not applicable, enter ANA.@*

Do rules differ for applicants and recipients (or between initial enrollment and redetermination) __X__ Yes ____ No
If yes, please report rules for applicants (initial enrollment).

Table 6.2

	Title XIX Child Poverty-related Groups	Medicaid SCHIP Expansion	State-designed SCHIP Program
Earnings	$ *90*	$ *NA*	$ *NA*
Alimony payments Received	$ *NA*	$ *NA*	$ *NA*
Paid	*$ NA*	$ *NA*	$ *NA*
Child support payments Received	$ *NA*	$ *NA*	$ *NA*
Paid	$ *NA*	$ *NA*	$ *NA*
Child care expenses	$*175 per child 2 years and over* $*200 per child under 2 years*	$ *NA*	$ *NA*
Medical care expenses	$ *NA*	$ *NA*	$ *NA*

Table 6.2			
Other types of disregards/deductions (specify)	$ *NA*	$ *NA*	$ *NA*

6.3 For each program, do you use an asset test?

Title XIX Poverty-related Groups _X_No ____Yes, specify countable or allowable level of asset test_____

Medicaid SCHIP Expansion program _X_No ____Yes, specify countable or allowable level of asset test_____

State-Designed SCHIP program N/A ____No ____Yes, specify countable or allowable level of asset test_____

Other SCHIP program_____N/A ____No ____Yes, specify countable or allowable level of asset test_____

6.4 Have any of the eligibility rules changed since September 30, 2000? ___ Yes _X_ No

SECTION 7: FUTURE PROGRAM CHANGES

This section has been designed to allow you to share recent or anticipated changes in your SCHIP program.

7.1 What changes have you made or are planning to make in your SCHIP program during FFY 2001(10/1/00 through 9/30/01)? Please comment on why the changes are planned.

1. Family coverage

   RESPONSE:

   No changes planned

2. Employer sponsored insurance buy-in

   RESPONSE:

   No changes planned

3. 1115 waiver

   RESPONSE:

   No changes planned

4. Eligibility including presumptive and continuous eligibility

   RESPONSE:

   No changes planned

5. Outreach

   RESPONSE:

   The State plans to include the following in future outreach efforts:

   1) increased interaction with pediatricians through a collaboration with the Missouri Pediatric Association;

2) *develop a coalition to address the needs of the growing Hispanic population in Missouri; and*
3) *continued collaboration with schools and students to identify students who are eligible for free or reduced lunches but are not currently receiving such state assistance.*

6. Enrollment/redetermination process

RESPONSE:

No changes planned

7. Contracting

RESPONSE:

No changes planned

8. Other

RESPONSE:

The State may increase the premium and/or copayments for prescriptions in the upcoming year due to the state requirement that these premiums and copayments correlate with those charged to state employees.